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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/596,560	06/16/2006	Karin Klabunde	PHDE030427US	7888
38107	7590	01/25/2011	EXAMINER	
PHILIPS INTELLECTUAL PROPERTY & STANDARDS			BILODEAU, DAVID	
P. O. Box 3001				
BRIARCLIFF MANOR, NY 10510			ART UNIT	PAPER NUMBER
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)
	10/596,560	KLABUNDE ET AL.
	Examiner	Art Unit
	DAVID BILODEAU	2618

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 24 November 2010.
 2a) This action is **FINAL**. 2b) This action is non-final.
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1-7 and 14-22 is/are pending in the application.
 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
 5) Claim(s) _____ is/are allowed.
 6) Claim(s) 1-7 and 14-22 is/are rejected.
 7) Claim(s) _____ is/are objected to.
 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
 10) The drawing(s) filed on 24 November 2010 is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ . |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date _____. | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| | 6) <input type="checkbox"/> Other: _____ . |

DETAILED ACTION

1. This Office Action is in response to the Applicants' communication filed on 11/24/2010. In virtue of this communication, claims 1-7 and 14-22 are currently pending in the instant application.

Drawings

2. The drawings received on 11/24/2010 are accepted.

Response to Arguments

3. Applicant's arguments with respect to claims 1-7 and 14-22 have been considered but are moot in view of the new ground(s) of rejection.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. **Claims 1-7 and 14-22** are rejected under 35 U.S.C. 103(a) as being unpatentable over Ellis (US 2004/0102931 A1).

Regarding **Claim 1** the limitation "A method for integration of a medical wireless apparatus into one of a plurality of patient networks which are wirelessly connected to transceivers of a patient care facility network, each patient network being associated with an individual patient, the method comprising: is met by Ellis in [Par. 0022, 0023, 0025 and Par. 0062]. Ellis shows a wireless medical apparatus (plurality of individual network components INCs) which can be brought into patient network vicinity (mobile personal network MPN). Further, Ellis shows that the system includes medical features for use in a hospital making this network a care facility network.

bringing one of the medical apparatuses into a vicinity of the one patient networks into which the medical apparatus is to be integrated; and communicating between the medical apparatus in the vicinity of the network and the patient network into which the medical apparatus is to be integrated; enabling the medical apparatus to be integrated into the patient network; and integrating the medical apparatus into the patient network". Further Ellis in [Par. 0015, 0054 and 0069] shows the devices can communicate and integrate with each other and communicate a medical journal to a stationary device (i.e. a patient network).

However Ellis does not explicitly disclose the limitation "determining a current location of one or more wireless medical apparatus's close to the one of the patient networks into which the medical apparatus is to be integrated."

Ellis does show that the current local position of the device is located (guidance functions may include providing position and/or a global positioning system can be used) prior to being integrated into a Bluetooth network (i.e. it is a different network all

together, GPS vs. Bluetooth and does not depend on the MPN network). Also, Ellis states that the system may use collected location data to recommend a route for a later athletic session (i.e. determining location information prior to an integration into a network)

Therefore it would have been obvious to a person of ordinary skill in the art at the time of the invention was made in short range communication (i.e. Bluetooth) that the closest network will be determined and integrated with as it will have the strongest and most reliable signal [Par. 0006].

Regarding **Claim 2**, the limitation "The method as claimed in claim 1, further including: using a locating system connected with the care facility network to determine the current location of the one or more medical apparatuses close to the patient network and informing the medical apparatus that the patient network into which it is to be integrated is in the vicinity" is met by Ellis in [Par. 0033 and 0062]. Ellis shows the current local position of the device is located (guidance functions may include providing position and/or a global positioning system can be used) prior to being integrated into the network (i.e. it is a different network all together, GPS vs. Bluetooth) and that the locating or monitoring system is connected with the care facility network (hospital network). Further in Par. 0033 Ellis explicitly states "For example, field strength measurements can be used to determine relative distances between the apparatuses concerned. By measuring the field strength in the new apparatus, conclusions can be

drawn about other apparatuses in the vicinity" which shows it informs the device it is within the vicinity.

Regarding **Claim 3**, the limitation "The method as claimed in claim 1, wherein the current locations of the one or more closest medical apparatuses to the patient network is determined by environment detection" is met by Ellis in [Par. 0033]. Ellis explicitly states "For example, field strength measurements can be used to determine relative distances between the apparatuses concerned. By measuring the field strength in the new apparatus, conclusions can be drawn about other apparatuses in the vicinity" which shows environmental detection (i.e. field Strength measurements).

Regarding **Claim 4** the limitation "wherein enabling includes clinic personnel making an input into the medical apparatus to enable integration of the medical apparatus into the patient network" is met by Ellis in [Par. 0030 and 0036]. Ellis shows the system can be integrated by input of clinic personnel (controlled by healthcare professional and user changed).

Regarding **Claim 15** is rejected for the same reasons set forth above because the claims have similar limitations.

Regarding **Claim 5** the limitation "wherein enabling includes accessing a predetermined logic criteria and automatically enabling the integration of the medical

apparatus into the patient network in response to the predetermined logic criteria" is met by Ellis in [Par. 0030 and 0062]. Ellis shows that the system can automatically detect changes in the MPN's and INC's, annotate data and communicate a medical journal to a database. Further Ellis shows Bluetooth protocol can be used and it is well known that automatic integration of Bluetooth devices is possible.

Regarding **Claim 6** the limitation "further comprising communicating information regarding which apparatuses are integrated in the patient network from an information center to the medical apparatus" is met by Ellis in [Par. 0037-0040]. Ellis shows all of the INC's have a unique identifier that are within the MPN and that can be communicated between them by a controlling unit (i.e. information center).

Regarding **Claim 7**, the limitation "A wireless medical apparatus which is configured to be integrated into a selected one of a plurality of patient networks, each patient network being wirelessly connected with a care facility network, the medical apparatus comprising:

an input device by which a care giver inputs;
a transceiver which communicates with the care facility network to send the query thereto and receive locations of one or more locations of the specific additional medical apparatuses therefrom; is met by Ellis in [Par. 0022, 0023, 0025 and Par. 0062]. Ellis shows a wireless medical apparatus (plurality of individual network components INCs) which can be brought into a plurality of patient networks (multiple

mobile personal network MPN) associated with a care facility network (hospital) and an input device (monitoring system) where a care giver can query locations (guidance functions may include providing position and/or a global positioning system can be used) prior to being integrated into the network (i.e. it is a different network all together, GPS vs. Bluetooth). of additional devices (display current location of MPN devices to be added to the network [See Figure 8 “Add components to network”] and a transceiver (inherent).

a display on which the one or more locations are displayed; and wherein the input device is further configured to receive a caregiver input to enable integration of one of the medical devices brought into the vicinity of the selected one of the patient networks” is met by Ellis in [Par. 0062 and 407]. Ellis shows the system can display current location and other related information and has a search function (can only communicate with other INCs which have the same MPN identifier tagged and therefore are searchable). Further in [Par. 0030 and 0036] Ellis shows the system can be integrated by input of clinic personnel (controlled by healthcare professional and user changed).

However Ellis does not explicitly disclose the limitation “a query for locations of one or more specific additional medical apparatuses to be added to a selected patient network.”

Ellis does show that the current local position of the device is located (guidance functions may include providing position and/or a global positioning system can be used) prior to being integrated into a Bluetooth network (i.e. it is a different network all

together, GPS vs. Bluetooth and does not depend on the MPN network). Also, Ellis states that the system may use collected location data to recommend a route for a later athletic session (i.e. determining location information prior to an integration into a network)

Therefore it would have been obvious to a person of ordinary skill in the art at the time of the invention was made in short range communication (i.e. Bluetooth) that a query of devices is determined (i.e. Bluetooth address list of devices in vicinity) and integrated with as it will have the strongest and most reliable signal [Par. 0006].

Regarding **Claim 14** is rejected for the same reasons set forth above in Claim 7 but Ellis does not explicitly disclose the newly added limitations "the medical apparatus further locates a closest patient network when the medical apparatus is in the same current location for a predetermined time period; and wherein the medical apparatus is automatically integrated into the located closest patient network after the predetermined time period.

However, in [Par. 0053] Ellis shows that the system includes a timer which can keep track of the functions of the MPN (patient network) and that automatic integration is possible of the closest network (i.e. network with best field signal strengths).

Therefore it would have been obvious to a person of ordinary skill in the art at the time of the invention was made in short range communication (i.e. Bluetooth) that a query of devices is determined (i.e. Bluetooth address list of devices in vicinity) and the

closest device within the same current location (i.e. within the network) is integrated with as it will have the strongest and most reliable signal [Par. 0006].

Regarding **Claim 16** the limitation "means for associating a patient name with the medical apparatus to be integrated into the patient network and each medical apparatus previously integrated into the network to identify the patient network" is met by Ellis in [Par. 0017 and 0055]. Ellis shows name and contact information can be associated and communicated between devices.

Regarding **Claim 17** the limitation "further including identifying the network into which the medical apparatus is to be integrated by associating a patient name with the medical apparatus includes means for selecting the patient name from a patient name list" is met by Ellis in [Par. 0055 and 0316]. Ellis shows that the INC can manage contact information, identify networks and manage a task list which can include contact information (i.e. patient names).

Regarding **Claim 18** the limitation "further including identifying the network into which the medical apparatus is to be integrated by associating a patient name with the medical apparatus includes determining the patient name from a portable locatable unit provided to the patient" is met by Ellis in [Par. 0055]. Ellis shows that the device is portable and locatable and can send contact information from one INC to another or to a controller.

Regarding **Claim 19** the limitation "wherein the portable locatable unit is wearable" is met by Ellis in [Par. 0017]. Ellis shows the MPN's are wearable.

Regarding **Claim 20** the limitation "wherein the medical apparatus is automatically integrated into the closest patient network after a predetermined time interval commencing once the closest patient network into which the medical apparatus is to be integrated has been located" is met by Ellis in [Par. 0293]. Ellis shows that the controller can collect data (i.e. integrate with the INC) on a regular interval (i.e. predetermined).

Regarding **Claim 21** the limitation "means for detecting other medical apparatuses located within a predetermined distance of the medical apparatus" is met by Ellis in [0027]. Ellis shows that the INCs can communicate with Bluetooth protocol and it is inherent that only devices within a predetermined distance (i.e. a personal area network) will be detected.

Regarding **Claim 22** the limitation "wherein the location of other medical apparatuses is used, at least in part, to provide the current location of the medical apparatus" is met by Ellis in [Par. 0318]. Ellis shows that a journal entry of one INC including location data can be communicated to a central station where the location

information is obtained from another INC which has a position monitor such as a global positioning system monitor.

Conclusion

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to DAVID BILODEAU whose telephone number is (571) 270-3192. The examiner can normally be reached on Monday-Thursday 7:30-6:00pm Est Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Mathew Anderson can be reached on (571) 272-4177. The fax phone

number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/David Bilodeau/
Examiner, Art Unit 2618

/Lewis G. West/
Primary Examiner, Art Unit 2618